



IN THIS ISSUE

Chair's Corner

From the Director

Referral Registry

Referral and Workforce Resource Centers

Workers Compensation

Training

Upcoming Events

Medicaid: A Very Important Program

By Charles Reed, HCQA Chair

If you have watched TV or read a newspaper lately you will know that the Medicaid program across the nation is having funding problems. There is a great deal of discussion at the Federal level and in most states that the Medicaid program is costing too much money, spending is out of control and something needs to be done. There are many serious discussions going on in Congress and around the country that we can not afford the Medicaid program as it now operates and changes and reductions must be made to curtail expenditures.

What many people may not know is more than 1/3 of the Medicaid funds in the United States are spent on long-term care services. Many believe that the federal Medicare program pays for long-term care services needed by most people in our country; this is not the case. Medicaid, not Medicare, is the primary source of funding for long-term care services. Medicare pays for only a very limited stay in a nursing home while a person is being "rehabilitated." Medicare does not pay for "custodial" care in a nursing home. Most people living in nursing homes are there for "custodial care" not "rehabilitative care" thus the "custodial" patient must pay with private funds, insurance or Medicaid. Here in Washington State, as in most states around the country, Medicaid pays for more than 60% of nursing home care. Also, Medicare pays for only very limited in-home health care services. Most people receiving in-home long-term care services must pay for this service privately with their own funds or with funds from long term care insurance.

In Washington state, Medicaid is also a source of funding for many types of home and community services. This is not the case in most other states. Washington State is unique in the United States because about 50% of those in need of long-term care services are served in home and community care settings. These home and community services are usually more preferred and less expensive than nursing home services. In most states relatively small amounts of Medicaid funds are spent in home and community settings, with the overwhelming amount of Medicaid money being spent for nursing home care. Nursing home service is a mandatory Medicaid service; home and community services are not mandatory in the Medicaid program and usually require a waiver from the Federal Government to allow spending Medicaid funds.

(See "Chair's Corner" continued on page two)

When the Medicaid program was developed forty years ago, no one anticipated that it would become the national safety net for persons needing long-term care services. However because the lack of any other type of real federal support for long-term care and with the increasing numbers of persons in need of long-term care services, Medicaid by default has become the major funding source for many people in need of long-term care services. Many people in Washington State and around the country depend quite heavily on Medicaid for their long-term care support. Here in Washington, consumers are given options of how they want their long-term care service needs met. Many consumers prefer to receive needed care in home and community settings. As the discussion proceeds here in our state and around the country, it is important that we all watch and participate to assure that the changes that are made are good ones and benefit those in need.

Those of us who care about consumer choice and quality in the long-term care system must demand that changes or reductions necessary in the Medicaid program should be made cautiously so that those in need of long-term care have real options in the long-term care service they need and prefer. The Home Care Quality Authority does care a great deal about consumer choice and quality and will continue to work on improving the long-term care system.

From the Director

By Mindy Schaffner, Executive Director

The State Budget and HCQA

By the time this article reaches you, the legislature will have completed their work and have gone home. They will leave behind new legislation and a budget that will create joy for some and woe for others.

The effects of the state budget for the biennial years 2005-2007 on the Home Care Quality Authority are bitter-sweet. The Authority received money to continue the implementation of the Referral and Workforce Resource Centers in four locations of the state, but did not receive money to implement the referral registry system on a statewide basis. However in a budget proviso, the legislature gave the agency permission to continue to pursue the implementation of the referral registry on a state-wide basis throughout the next biennium.

The agency also received money to continue the implementation of the union contract negotiated by the Governor's office. Money for a third party administrator to manage the individual provider workers compensation program was continued and new money was provided to translate the

(Continued, see HCQA Budget, page three)

Upcoming Events

HCQA BOARD MEETINGS

The public is encouraged to attend

May 25, 2005

10:30am to 3:30pm

640 Woodland Square Loop SE

Room 1-7.1

Lacey, WA

**2:30pm – Public hearing on
Referral Registry rules**

June 21, 2005

10:30am to 3:30pm

640 Woodland Square Loop SE

Room 1-7.1

Lacey, WA

July 19, 2005

10:30am to 3:30pm

640 Woodland Square Loop SE

Room TBA

Lacey, WA

EVENTS

Challenges in Caregiving: Giving Care, Taking Care

June 6, 2005

9am to 4:30pm

Tukwila Community Center

MUST PREREGISTER at:

1-800-422-3263

workers' Safety Training manual for the workers into various languages. Money was also allocated to regularly mail safety information to individual providers.

Although there was discussion about placing the agency under the Department of Social and Health Services (DSHS) umbrella, many consumers and advocacy groups pulled together and lobbied to keep the two agencies separate. Their efforts were based on the belief that the Authority could best represent consumers of long term care service issues independently of DSHS. Therefore, the Authority will remain a separate state agency under the direction of a nine member board appointed by the Governor. A study by the Joint Legislative Audit Committee in 2006 may provide further direction on the development of the Authority in the future.

If you have any questions about this article or HCQA operations, please feel free to contact me at 1-866-580-4272, or email me at mschaffner@hcqa.wa.gov

Referral Registry Update

By Sherri Wills-Green, Referral Registry Program Manager

Registry operations are well underway in six counties of the state, with a fourth Referral & Workforce Resource Center (RWRC) soon to begin in Lewis, Mason and Thurston counties (South Sound service area). The RWRC in South Sound will be operated by the Employment Security Department, Work Source offices.

Registry staff are working diligently in their efforts to recruit and screen potential providers in order to populate the registry. Last month, 164 providers became enrolled and ready for referral to potential employers. Registry staff have also focused efforts on educating and informing consumers and their case managers or social workers of the value and benefits associated with using the registry. In March, a total of 69 referrals were provided to consumers/employers.

The RWRC's are also pleased to announce that there are eight consumer/employers who have requested and received personal access to the registry database. Once a consumer/employer has completed an application and have been verified of their eligibility to receive long-term in-home care services, they may request a **User name** and **Password** in order to use the registry on their own. Consumers, upon entering into the database, will only be able to view their own information and/or a referral list of potential providers who have matched the consumer's needs and preferences.

HCQA continues to work with Brewer Consulting Services on completing additional refinements to the database. Refinements, based on user feedback, are designed to make the system easier to use for registry coordinators, providers and consumer/employers alike. For more information, you may contact Sherri Wills-Green at 360-725-2520.

The Referral Registry operations are well underway in six counties of the state, with a fourth site soon to begin in Lewis, Mason and Thurston counties.

Workers Compensation in Washington State

By Kathy Kimbel, Program Manager of Employer Services, Department of Labor and Industries

In many ways, Washington's workers' compensation is unique. We are the only state where workers contribute a significant share of the premiums. This year employers can deduct from their paychecks up to 27.6 percent of the total premiums. We also are one of only a few states that have an exclusive State Fund. In Washington, employers have two choices. Those who meet certain financial and safety criteria can self-insure. Most employers, however, get their industrial insurance through the State Fund, which covers 70 percent of the state's workforce.

Historically, workers and employers have benefited from this system. For injured workers, Washington offers some of the most generous benefits in the nation. Yet even with the relatively high benefits, Washington's premium rates are low compared with most other states. Washington's system isn't out to make a profit. It doesn't pay brokers and there's no advertising or marketing budget. In addition to the low administrative costs, the financial burden on employers is lessened by the portion of premiums paid by workers.

The system strives to be fair. High risk industries pay higher premiums than those jobs where injuries are rare. And within each industry, employer rates vary depending on how effectively they prevent injuries. In many industries, employers with a high number of expensive claims pay three, four, even five times as much as employers with the best claims history. Employers who go three or more years without a claim qualify for a claim free discount, which means their rates are well below the average for the industry.

As good as our system is, we are always striving to make it better. Recently the 1,000 employers who pay the highest premiums were assigned their own claim manager. For small employers, who rarely have an injury and don't understand how the workers' compensation works, the agency is exploring ways to assist them when they do have a claim. In June, top agency staff will meet with representatives from business organizations to find ways to accomplish that. In the meantime, employers who have questions or need help should contact their policy manager at Department of Labor and Industries. His or her phone number can be found on your quarterly statement or the rates notice you received in December.

Safety Update

By Jane Wood, Training and Communications Manager

Nearly 6,000 individual providers have completed safety training to date. I am so pleased with how many people have participated so far—and the overwhelming support expressed from individual providers every day. Workers are appreciative that there's a course designed specifically for them, and that the content of the course focuses on their specific needs, challenges and issues. We are now looking to build on our initial work by working with Sedgwick Claims Management Services and Professional Registry of Nursing to refine the curriculum so that it is a good fit with Revised Fundamentals of Caregiving. Safety Training will also be offered classroom-style along with Revised Fundamentals of Caregiving beginning July 1, 2005. I believe that this will be an excellent opportunity to reach individual providers when they are most prone to injury or an accident—within their first few months of hire. Individual providers not required to take the Revised Fundamentals of Caregiving course will still be able to complete the course online or via a self-study manual. Additionally, we are exploring ways to translate the safety curriculum into at least eight languages so that non-English speakers have access to this resource in their native language.

Injury claims have remained relatively static over the past six months; there are approximately 20 new claims per month. HCQA will continue to work to improve the safety program in hopes we can lower the number of injuries and accidents, or minimize their severity.

Meet Joe Olson

HCQA welcomes Joe Olson, Labor Negotiator at the Department of Personnel to its efforts to improve in-home care in Washington state. Joe has worked in various roles for numerous state agencies, most recently the Department of Retirement Systems, where he was a human resources and labor relations manager. Joe holds a masters of public administration and a law degree from the University of Puget Sound. Joe says he's excited about the "chance to be involved in labor relations at a statewide level and to work on important individual provider issues." He looks forward to ensuring a fair and equitable balance between the needs of individual providers, their employers and the financial ability of the (state) government to pay those costs. Joe assumed his new role on February 14, 2005.

Summary of Individual Provider Collective Bargaining Agreement

By Mindy Schaffner, Executive Director

During this past legislative session the legislature approved funding for the Collective Bargaining Agreement (CBA) between the State of Washington and Service Employees International Union (SEIU), Local 775. The economic components of the CBA for **compensation and benefits for individual providers (IPs)** include the following:

- Effective July 1, 2005, a wage increase to \$9.20/hour;
- Effective July 1, 2006, a wage scale based on cumulative career hours worked. (The hours worked component is calculated on total number of hours worked from July 1, 2005 forward, with a wage range from \$9.43/hr for 0-2000 career hours up to \$10.31 for 12001 plus hours);
- Continued health insurance coverage for IPs that have been employed by a consumer/employer for at least 3 consecutive months and who work a minimum of 86 hours per month and who are not eligible for health care benefits through other family coverage, other employment-based coverage or military or veterans coverage;
- Effective July 1, 2005, dental and vision benefits for eligible IPs (same eligibility as stated above);
- Continued worker's compensation coverage for IPs;
- Effective July 1, 2006, an IP will receive paid vacation benefits (1 hour for every 50 hours worked, capped at 80 hours); and
- Beginning July 1, 2006, Federal Income Tax withholding will be deducted from an IP's wages.

A new **Consumer Rights** section was added to the CBA which requires individual provider workers to maintain strict standards of confidentiality regarding consumers of in-home services and to not disclose any personal information about the consumer unless the consumer has provided written consent to release the information.

If IPs want more information on the CBA, contact SEIU at 1-866-371-3200. Consumers who want more information about the CBA contract may contact Joe Olson, Management Labor Negotiator at 360-725-5165.

The new IP collective bargaining agreement includes a raise, wage scale, paid vacation, dental and vision benefits, continuation of health coverage, and a new consumer rights section.

HCQA Launches “Becoming a Professional Individual Provider” Course at all RWRCs

By Jane Wood, Training and Communications Manager

Since our last newsletter, we began a new course that was years in the making. We’ve heard from people all across Washington—from employers to individual providers to case managers and agency administrators—about what kinds of information potential workers need to know to be best prepared for their role as an individual provider. We’ve surveyed training managers, drew information from other surveys, and formed small focus groups and medium-sized advisory committees. The result is a three-hour course called *Becoming a Professional Individual Provider*. The course focuses on three core areas: communication skills, improving quality of life, and the realities of in-home care.

People new to the field must take the course prior to being listed on the Referral Registry. We strongly believe that providing as much information about typical duties, responsibilities to an employer, how to communicate and resolve conflict and the importance of taking direction would help potential workers make better employment choices. We’ve heard from the RWRCs that the course is both well-received and that it works like a colander—those who aren’t serious about becoming an individual provider tend to not continue through the registry application process. For a copy of the manual, contact Jane Wood at 1-866-580-4272 or email: jwood@hcqa.wa.gov

Fourth RWRC Begins Operations Soon

It’s official! HCQA has selected the Employment Security Department to operate the fourth Referral and Workforce Resource Center (RWRC). The fourth site—called the South Sound Service Area—covers Thurston, Lewis and Mason counties, will begin operations on May 2, 2005.

“It was very exciting to learn of their connections with other agencies that may become a significant part of their project,” said Mindy Schaffner, HCQA’s Executive Director. The Employment Security Department already operates numerous WorkSource employment offices around the state, so reaching out to pools of potential workers and making connections with local organizations will be a natural fit. The South Sound Service Area will offer several programs synonymous with the referral registry: peer mentor, professional development, supervisory training. It will also serve as a pilot site to test an apprenticeship program, which will formally begin in September.

Kudos from Faraway Visitors

Recently HCQA hosted visitors from Oregon who came to Olympia to learn more about the Referral Registry and the activities of the Referral and Workforce Resource Centers. Sharon Miller, Executive Director of Oregon’s Home Care Commission wrote to us:

“We like how user-friendly and accessible the Referral Registry is. It has all or nearly all of the features that the Oregon Home Care Commission envisioned (and some they hadn’t thought about) for the Oregon registry. As a result, the Commission voted unanimously to adapt the Washington registry for use here. We think it will be a wonderful fit and will allow us to have a registry in place much more quickly than if we built something new. The Commission, the union and the Medicaid agency are all very excited about the possibilities opened by (your) sharing this resource. You have been so generous with your time and with sharing your work products...we are lucky to have you as neighbors.”
